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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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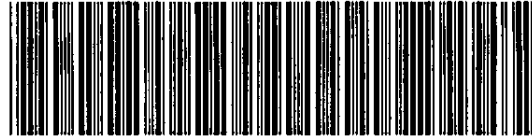
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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N CULLIGAN

MAR 16 2018

**Albert Wayne Gill, Esq.**  
**104 SW 11<sup>th</sup> Avenue**  
**Delray Beach, Florida 33444**  
**561-454-0301 (Tel)**  
**561-939-6593 (Fax)**

March 7, 2018

New Filing Section  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: SpeakLife Community, LLC.**

Dear Division of Corporations:

Enclosed please find original Articles of Organization for the Florida Limited Liability Company named above, and a check in the sum of \$125.00 payable to the Florida Department of State. Please return all correspondence concerning this matter to me at the address indicated above.

The email address to be used for future annual report notification is:  
[bonniejod@cftoday.org](mailto:bonniejod@cftoday.org).

Do not hesitate to contact me at the telephone number listed above with any questions or comments.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Albert Wayne Gill', written over a horizontal line.

Albert Wayne Gill, Esq.  
Attorney for SpeakLife Community, LLC.

**ARTICLES OF ORGANIZATION  
OF  
SpeakLife Community, LLC**

The undersigned, acting as a member and authorized representative hereby files these Articles of Organization of SpeakLife Community, LLC as a State limited liability company pursuant to Chapter 605, Florida Statutes.

**ARTICLE I  
Name**

The name of the limited liability company is: **SpeakLife Community, LLC.**

**ARTICLE II  
Principal Office and Mailing Address**

The mailing address and street address of the principal office of the limited liability company is:

4371 Northlake Boulevard, #149  
Palm Beach Gardens, FL 33410

**ARTICLE III  
Initial Registered Agent**

The name and Florida street address of the Registered Agent are:

A. Wayne Gill, Esq.  
Gill Law Firm, P.A.  
104 SW 11<sup>th</sup> Avenue  
Delray Beach, FL 33444

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV**  
**Management**

The name and address of each person authorized to manage and control the limited liability company:

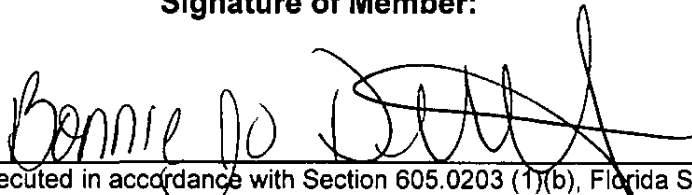
<b><u>Title:</u></b>	<b><u>Name and Address:</u></b>
MGR	Bonnie Jo Daniels 630 Jackson Avenue Greenacres, FL 33463
AMBR	Tiesha Moore 10207 Mallard landings Way Orlando, FL 32832

**ARTICLE V**  
**Miscellaneous**

Any matter not contained herein, shall be governed according to the Operating Agreement and if not in the Operating Agreement, pursuant to Statute.

6<sup>th</sup> The undersigned member has executed these Articles of Organization the 18<sup>th</sup> day of March 2018.

**Signature of Member:**



This document is executed in accordance with Section 605.0203 (1)(b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Bonnie Jo Daniels  
Printed Name of Signee

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FLORIDA  
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